



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REID HEALTH

City of Hospital: Richmond

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Greg Turner

Email Address: gregory.turner@reidhealth.org

Medicare Provider Number: 150048

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4226720000
Outpatient Patient Service Revenue	\$7780980000
Total Gross Patient Service Revenue	\$12007700000

2. Deductions From Revenue

Contractual Allowance	\$677157000
Other Deductions	\$30132000
Total Deductions	\$707289000

3. Total Operating Revenue

Net Patient Service Revenue	\$493481000
Other Operating Revenue	\$19284000
Total Operating Revenue	\$512765000

4. Operating Expenses

Salaries and Wages	\$143747000	Employee Benefits	\$39337000
Depreciation and Amortization	\$400960000	Interest Expense	\$8730000
Bad Debt	\$0	Other Expenses	\$257361000
Total Operating Expenses	\$850135000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$23493000	Total Assets	\$954387000
Net Non-operating Gains over Loss	\$-34850000	Total Liabilities	\$397625000

Total Net Gains	\$-11357000
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$632575422	\$442932362	\$189643060
Medicaid	\$256196542	\$175801975	\$80394567
Other Government	\$65367064	\$26817983	\$38549081
Other State	\$0	\$0	\$0
Other Payers	\$246335673	\$41934178	\$204401495
Total	\$1200474701	\$687486498	\$512988203

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1154459	\$0	\$1154459

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$344001	\$-344001
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$12749699
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4685514	
HCI Payments	\$0		
Subtotal	\$0	\$4685514	\$-4685514
Medicaid Shortfalls	\$0	\$27344730	
Subtotal	\$0	\$32030244	\$-32030244
DSH Payments	\$0		
Subtotal	\$0	\$32030244	\$-32030244
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$32030244	\$-32030244

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1020724	\$-1020724
Community Assessment	\$0	\$150821	\$-150821
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$164848	\$-164848

Comments

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